

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA*."

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J. W. HOLLAND, A. M., M. D., . . . . . Editor.

H. A. COTTELL, M. D., . . . Managing Editor.

## THE FAURE CONDENSER.

All the sciences are but branches of a single stem. If the stem is made stronger by new supplies of sap, sooner or later all the twigs will tingle with it. A drawback to the use of electricity for cauterizing and illuminating purposes in medical work has been the cumbersome, costly, and unwieldy apparatus required. If electricity could have been purchased in receivers, such as the dentists use for nitrous oxide gas, turning it on or off at will, it would have been the common property of doctors by this time.

It looks as if the want is now about to be filled. The expectations of the scientific world have been highly excited by reports of the facility with which "condensers" or secondary batteries could be charged by the action of a continuous galvanic current. Sir William Thomson has been working wonders in England with the apparatus which Reynier recently exhibited to the French Academy. In the condenser of Planté, as improved by Faure, a genie able to cope with armies has been enslaved by a charm, confined to a box, and forced to do drudgery in such small things as suits his master.

The new condenser is derived from the well-known secondary battery of Planté, a description of which is contained in Bartholow's recent work on Medical Electricity. Like that, it is composed of two lead plates immersed in water acidulated with sulphuric acid. The amount of storage power

of Planté's battery is limited by the thickness of the lead plates, while Faure gets an enormous increase of accumulation by coating the lead sheets with the oxide of that metal. The two plates are first covered with minium or insoluble oxide of lead, and then with felt, which is kept in position by lead rivets. Connected with a galvanic battery so that these plates are the electrodes, the current passes by the hour into them, bringing the minium to the state of peroxide on the positive electrode, and to that of reduced lead on the negative. In this process of charging, the electricity is mysteriously stored and remains so till called for. By joining conducting-wires to its posts, a reversal of the original current can be discharged at any desired rate. In discharging the reduced lead is oxidized, and the peroxidized lead is reduced until the original equilibrium is reached, when it is ready for a new load. A reservoir weighing one hundred and sixty pounds, it is claimed, will accumulate sufficient electricity to do one horse-power of work for one hour.

A box about one cubic foot in size, holding four of these batteries, was charged with a million foot pounds of electricity. It was sent in this state of tension from Paris to Glasgow. Like the fisherman's genie of the Arabian tale, the power of a great thundercloud was kept safely pent up by a talisman mightier than the seal of Solomon. In Glasgow Sir William Thomson unloosed it from the cage and harnessed it to do various duties, among which was the operation recorded on another page. Prof. Buchanan there relates how from one of the four cells, weigh-

ing eighteen pounds, he obtained power to burn away a nevus from a boy's tongue without hemorrhage.

We are on the threshold of far greater achievements with it. Natural energy of any kind, winds and waterfalls, can be made to generate dynamo-electricity, which can now be stored up indefinitely in the Faure condensers, to be used at will. One of a convenient size could be left daily at the door, as ice is in summer, for yielding electricity on demand to heat a galvano-cautery, light the house, run a sewing-machine or coffee-mill, and play the domestic drudge in a thousand ways. The London Times takes a rosy view of the future of electricity in the arts in the following language:

We believe it was Sir William Thomson himself who once spoke of Niagara as the natural and proper chief motor for the whole of the North American continent, and it now seems quite within the bounds of possibility that persons who are now living may witness the application of this chief motor to the indicated uses. It is possible that they may see electricity brought by electric railways from the coasts, or from the estuaries of tidal rivers, and delivered in the great towns for the fulfillment of all the purposes for which coal is at present either directly or indirectly employed.

#### THE INTERNATIONAL MEDICAL CONGRESS.

The first Congress of the medical men of all nations was held at Paris in the exhibition year, 1867. This was so successful as representing all civilized countries that the name Second Medical Olympiad was given to the meeting in Florence in 1869. In 1873 the Congress was entertained in Vienna; in 1875 in Brussels. The meetings had thus far been biennial, but in 1876 an extra assembly was held to commemorate the American Centennial, in Philadelphia. At Geneva in 1877, and at Amsterdam in 1879, notable gatherings occurred. This year London will do the honors, and the indications are many that a brilliant meeting of the most renowned doctors will be witnessed there from August 2d to August 9th.

For more than a year preparations have been in progress on a large scale. The organization embraces fifteen sections, with a long list of officers, including every well-known name in English medical circles. The section work will be done before noon; in afternoons formal addresses will be delivered by Billings, Volkmann, Huxley, and others.

All medical *men* qualified to practice in their own countries will be eligible to register and pay the fee of one guinea. Non-medical persons or medical students will be admitted to the meetings for half a guinea. It is reported that no females need apply. Sir James Paget will preside, assisted by forty vice-presidents. The qualifications for membership are very easy and the organization as simple as possible, not holding over from one session to another.

As there are about four hundred officers, in order to relieve the affair of a certain top-heavy appearance there ought to be a delegation of several thousand from this and other countries to serve as a basis for so much honor. There are other obvious and really good reasons why Americans who have a vacation this summer might find it profitable and enjoyable to attend, even if they be but lookers-on. Our readers shall be duly informed of the noteworthy occurrences.

THE PARADISE OF ANTI-VACCINATIONISTS. Speaking of the Island of Madeira, the Pacific Med. and Surg. Journal says that it is the very paradise for the enemies of vaccination, the common people being exceedingly hostile to the practice. Six years ago the smallpox prevailed and carried off one thousand victims in a population of one hundred and thirty thousand—equal to a mortality of about two thousand in San Francisco. If all the haters of vaccination should emigrate to Madeira, they might there enjoy peace of mind, and they would carry with them the best wishes of those they would leave behind.

**Original.****A CASE OF PUERPERAL ECLAMPSIA.**

BY DOUGLAS MORTON, M.D.\*

On the 20th of last April, about noon, I was called to see E. W., a mulatto woman, about twenty-eight years old, who since five o'clock had been having puerperal convulsions at intervals of fifteen or twenty minutes. I found her comatose. I learned that her nurse had been giving her, under direction of a physician who had seen her some hours before, a dose of bromide potassium and chloral every hour.

I learned of her previous history that she had some three children in wedlock, that she had been a widow for some years; and that about eight months before she had become pregnant by a man whom she expected to marry, but who had died four months before. I mention these particulars because the disease occurs so much more frequently in the primipara than the pluripara, and that when it befalls the latter we are moved to look for some special predisposing cause. In this case the woman's great distress at the death of her betrothed and chagrin over her condition seemed evidently the cause. She had had the premonitory symptoms which are most usual—severe headache and giddiness, with great edema of the subcutaneous cellular tissue.

On finding that the mixture prescribed before I saw her did not control the convulsions, and not then knowing how much chloral there was to the dose, I gave half a grain of morphia hypodermically; and a few minutes afterward, noticing the veins were unusually turgid, I took about twenty-four ounces of blood from the arm, after which the stertorous breathing became at once calm and almost natural, and the whole aspect of the case changed for the better. During the hour I remained with her there was no return of convulsion; but upon my second visit, at three o'clock, I learned that there had been three during my absence, and the patient was much in the same condition as that in which I found her at first, except that labor-pains were apparently more vigorous. I made digital examination now for the first time, and found the os fully dilated and labor progressing rapidly. I gave another half grain of morphia hypodermically, and waited about an hour, when the

child was born. There was no return of convulsions after the second dose of morphia. The patient remained in a state of stupor for two or three days, and for several more after this had passed off the mind was in a somewhat dazed condition. This, however, was succeeded by satisfactory convalescence.

There was nothing more in the management of this case, except perhaps in the bringing together of a very old and a comparatively new remedy. Bleeding, as you are all aware, fifty years since, some time before and a long time after, was held to be the sheet-anchor in treatment. Old Gooch would take thirty or forty ounces of blood, wait a while, and, if his patient had another convulsion, would take as many more. If in any case a patient died, he would attribute it to insufficient bleeding. If she died after the extreme depletion he often practiced, he doubtless thought it was because she could not bear the loss of blood requisite for a cure. But notwithstanding the uncertainty thrown over the subject by the peculiar bias of the time of Gooch, valuable data now come down to us, which, together with the results of experience of much more recent date, prove satisfactorily the value of bloodletting. Gooch bled not simply because it came very naturally to his hand to bleed, nor merely because he held a theory (congestion of the brain) which to his mind clearly indicated the necessity of bleeding, but because under his accurate observation he saw unequivocally good results come from the practice. In view of this the reasoning of Schroeder falls upon our minds oddly enough, and appears an illustration of what we sometimes see in medicine as well as in other matters—that a plausible theory may hold out against indisputable fact. Schroeder, assuming the correctness of Traube and Rosenstein's "cerebral-anemia" theory, is of the opinion that convulsions may be arrested for a short time by bloodletting; but as the very condition which gives rise to them will be intensified by it, they must return with increased severity. This is pure theory, and is inevitably set at naught by the fact that many cases recover under extreme bloodletting.

There are, however, two plain facts connected with the disease which give abundantly clear indications for treatment: first, that the nervous system is in a state of intense excitability; and second, that every convulsion is fraught with danger, not only from asphyxia that may occur at the time,

\* Read before the Louisville Medico-Chirurgical Society, May 13, 1882.

and the extreme exhaustion that must follow, but from the fact that in the tremendous energy expended in each paroxysm there must be a corresponding amount of *débris* thrown upon the circulation, which can not fail to embarrass every vital process going on in the organism. Gooch said, "Attend to the convulsions and let the labor take care of itself." If he had said rather, "and let the pathology take care of itself," he would have struck the key-note of the soundest treatment. If opium affords the surest, quickest means for arresting convulsions, let us dismiss our fear of "locking up secretions," of causing retention of urea or of ammonia, and give it freely.

The remedies in most common use, chloral and chloroform, are not free from objection. The former, as Fordyce Barker has shown, may increase nervous excitability, and all who have tried the latter know of the practical difficulties connected with its use.

In a paper which appeared some months ago a very intelligent writer, whose name I regret I can not now recall, urged the merits of hypodermic injections of morphia, and pointed out the high degree of tolerance of this drug in puerperal eclampsia. His views were so satisfactory that I determined to carry them out at my first opportunity, which occurred in the case I have reported. No very important conclusion can of course be derived from the issue of one case; yet, as there exists some prejudice against opium in this disease, I take pleasure in bringing before you in a favorable light one instance of its administration.

LOUISVILLE.

## Correspondence.

*Editors Louisville Medical News:*

On the 3d of March last I was called in consultation with Dr. Hamilton. Mrs. McC., aged forty, anemic and suffering with malarial fever, was delivered at 12 o'clock the day preceding of a full-grown infant. After an interval, Dr. Hamilton found that the placenta was abnormally adherent. Hemorrhage was persistent and alarming, and when I saw her the symptoms of collapse were very apparent. After the exhibition of quinia, ergot, and application of cold, etc. I could discover no very marked contractile efforts of the uterus. The organ was in a state of inertia, os dilatable and flaccid.

Deciding that no further time was to be lost, we partially anesthetized the patient, and, having introduced my hand, the adhesion was found to be extensive over the fundus and right side of the womb. By carefully introducing my fingers with a side-to-side movement, I soon detached the greater part of the adherent surface. Contractions now came on, but these failed to expel the placenta. Having again introduced my hand I cautiously tore it from the fundus, leaving adherent a portion fully as large as a silver dollar. The hemorrhage, which had been copious, now abated in great degree. It was several days before she rallied from exhaustion, but under the careful watch of her attendant physician she made a most happy recovery.

The lesson to be derived from this case is the conservative processes of nature in acts of parturition. The remnant of placenta in the womb was not discovered in the lochial discharges. No septic poisoning followed. The patient, a lady of fair intelligence, informed me that on two occasions previous she had been troubled by adherent placenta.

C. CULLEN, M.D.

PLUMMER'S STATION, L. R. & Ft. S. R'y, ARK.

## Reviews.

**A Treatise on Albuminuria.** By W. HOWSHIP DICKINSON, M. D. Cantab., Fellow of the Royal College of Physicians, etc. Second edition. New York: Wm. Wood & Co., 27 Great Jones Street. Being the first of Wood's Library of Standard Medical Authors for 1881.

We have already called attention to this venture of Messrs. Wood & Co., and feel satisfied that if the first work is a fair specimen of what is to follow, the medical profession can count on having from this source a rare and cheap collection of reading-matter during the year.

The volume before us is one of three written by Dr. Dickinson, upon the kidney and its derangements. It is illustrated by eleven plates and thirty-one woodcuts. Six of the plates are colored, presenting an artistic finish and a truth to nature that is marvelous indeed. These, with the remaining plates and woodcuts, bring before the student a full view of all the structural diseases of the kidney and the microscopic appearances of urine changed through Bright's disease. The author's text is lucid and full, giving, with a clear statement of the pathology, prognos-



sis, and treatment of the affections described, an analysis of many cases illustrative of its clinical history.

In considering the pathology of renal disease, Dr. Dickinson holds to his old classification, based on deflexions from the normal in the three forms of structure found in the anatomical make-up of the kidney. This arrangement is logical and simple, and seems to do away with several more or less doubtful points in renal pathology.

The term *depurative*, as applied to the so-called amyloid degeneration of the kidney, has given place to *lardaceous* in the present edition.

The author was requested to make this change by the London Pathological Society; and although he still holds as a primary fact the doctrine that waste through suppuration is the most common cause of this form of renal disease, he acknowledges "a large consent in favor of the simply descriptive term *lardaceous*," and in deference to this adopts it in the present volume.

Among the things that appeal to us with peculiar force as we read are the value of chemistry in fixing the diagnosis and adjusting the treatment in renal disease, and the importance of early and frequent examination of the urine in many acute and in all chronic affections of doubtful character. These suggestions would seem to merit special attention with reference to the possible presence of granular and lardaceous Bright's disease. In the former the importance of early diagnosis is manifest. Insidious in its development, and destined under ordinary conditions to run an extended course, a person may be the subject of the affection for years and never suspect that he is out of health, when some undue exposure or an ill-timed dose of opium precipitates an uremic coma, with its almost certainly fatal issue.

We are glad that the author takes no middle ground with regard to the danger of opium when given in granular degeneration of the kidneys; and we are convinced that his warnings when heeded will be the means of prolonging many a useful life. He says, "It is not seldom that the comatose state to which the disease tends has come on before its time in consequence of the administration of opium. Intolerance of this drug is one of the peculiarities of the disease. Doses so small as to be looked upon as safe under any circumstances will sometimes have a poisonous effect." He then cites a case where a patient became comatose after taking five grains of Dover's powder.

This warning should be sounded unceasingly in professional ears; but it is not sufficient to guard against the use of opium in treating a patient known to have granular kidney. To avoid its employment here is easy; but the importance of excluding renal disease before giving opium in any doubtful case is, we fear, not fully appreciated by the profession at large; and not a few physicians, neglecting to look to the urine in patients past middle age and under treatment for some obscure ailment, have failed to recognize the condition of things until an untimely dose of opium has made the diagnosis for them, and death has demonstrated the folly of the treatment.

It may be radical, but we believe the time is near at hand when no thoughtful physician will resort to this useful but dangerous drug, in patients past middle age at least, without having first submitted the urine to careful and critical examination.

In the latter (*lardaceous kidney*) following, as it is prone to do, in the wake of syphilis and chronic abscess, the onset of the disease should be looked for with great care; for through early diagnosis leading to removal of the cause, and appropriate medication, the morbid infiltration may be arrested in its progress or even made to retrograde toward the normal. And here Dr. Dickinson lays peculiar stress upon the importance of checking the discharge of pus in the chronic abscess of cachectic patients, and makes plain one point at least against conservative surgery. For says he, "Where symptoms of visceral change have become evident, attempts to manufacture false joints—attended, as they are, by a tedious and exhaustive process—will probably give way to the more speedy and simple relief of amputation. The question must often be reduced to the simple alternative between life and limb."

He further says that "with a present drain [of pus] which can not be stopped, our efforts must be directed to compensation; and I am assured that, whether in regard to diseases of bones and joints or internal suppurative lesions, much may be done in this direction by suitable diet and nutritious drugs. The mere chemical loss in suppuration can be restored by thus supplying the salts, chiefly those of potash, which pus removes."

Giving due prominence to the treatment of this disease from a chemical point of view, the author does not fail to commend the use of alteratives, tonics, constructives,

and general hygienic measures; and while he calls particular attention to the extraordinary solubility of the morbid deposit of lardaceous disease in solutions of potash, he remarks, with the wisdom of the true clinician, that "the disease can not be treated in a test-tube."

A popular standard in its first edition, the second was necessary only to place the subject abreast with advancing science. The work justly ranks among the classics of medical literature, and nothing that we may say can heighten the esteem in which it has so long been held by the profession.

### Books and Pamphlets.

ON THE TREATMENT OF TYPHOID FEVER. By L. S. McMurtry, A.M., M.D., Danville, Ky. Reprint.

FAVUS AND ITS TREATMENT BY A NEW METHOD OF DEPIILATION. By L. Duncan Bulkley, A.M., M.D. Reprint. New York, 1881.

TRANSACTIONS OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION. Fifth Annual Meeting, held at Richmond, May 3d and 4th, 1881.

THE PRINCIPLES OF MYODYNAMICS. "By J. S. Wight, M.D., Professor of Surgery, Long Island College Hospital. New York: Bermingham & Co.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY: A Systematic Treatise on Theory and Practice of Surgery by Authors of Various Nations. Edited by John Ashurst, jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. In six volumes, royal octavo. Illustrated with chromolithographs and wood engravings. Price per volume, cloth, \$6. Publication to begin in the autumn of 1881, by William Wood & Co., New York.

### Medical Societies.

#### LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

[Reported by J. G. Cecil, M.D., Secretary.]

At the regular meeting of the Louisville Medico-Chirurgical Society, May 13th, Dr. Douglas Morton read a report of a case (published in full in another column) of Puerperal Eclampsia, treated by venesection and opium, which gave rise to the following discussion:

Dr. Senteny said he had not seen many cases of this class and consequently was not able to give a special preference to any line of treatment; but would always treat with reference to the cause, if that can be ascertained. If uremic, he should adopt one line of treatment; if hysterical, a different line, etc. He could remember in early practice cases which were bled freely; then opium was not given. Remembers

a case in a hysterical woman, a multipara, who was bled, had opium, and was delivered by the forceps. After the delivery she came out of the condition unharmed. He thought this case hysterical and gave opium and ergot. In his next case the convulsions came on while the head of the child was engaged in the superior strait. Having no instrument at hand he aided and encouraged labor as much as possible with his hands. When the labor was concluded the convulsions ceased. He has seen cases in which he was satisfied that the convulsions were due to uremic poisoning. He once saw a case in another doctor's practice in which all remedies failed. Phlebotomy, opium, and calomel were of no avail. The woman failed to regain consciousness, and died after the child was delivered. He thought that no specific plan of treatment could be uniformly adopted, and that our endeavors should be to understand the pathology of the affection, when the treatment can be adjusted to the requirements of any given case.

Dr. Roberts: How much blood was taken, and how did Dr. Morton know when he had taken enough? Was he governed by the quantity or the effect?

Dr. Morton: Governed by the quantity.

Dr. Cottell: Has had no experience with puerperal convulsions. The report calls for a consideration of the alleged non-elimination of urea and other excretive matter in this disease, and raises the question as to whether opium can be safely used in such cases.

Dr. Von Donhoff: Has seen two cases of puerperal convulsions, one of which was a complete undrum. The mechanical condition must have some effect in the production of convulsions. He attended a case of convulsions accompanying urethral stricture in a boy to whom opium had been given. No surgical interference for relief was allowed by aspiration or section, and the patient died. Is satisfied that the opium hastened death. In puerperal convulsions due to a mechanical condition, and this condition not relieved, opium is dangerous. In these cases the pathology often can not be determined until after death. In the cases which he saw hot injections and other means were used successfully, but phlebotomy was not practiced. The veins were turgid, denoting cerebral congestion, but this of itself will not kill. He thinks bleeding useless.

President Bailey: Began his practice with a case of this kind. The practice in vogue twenty-five years ago was to bleed freely and bleed again if convulsions returned. In his first case, which was a primipara, he bled freely but she died before delivery. No progress was made toward delivery. He has seen a good many cases, most of which have been accompanied by symptoms known as uremic. Thinks the puerperal state brings on in some cases Bright's disease of the kidneys. If the patients do not die at delivery they may die years afterward of Bright's disease. He usually thought opium contra-indicated in Bright's disease and kindred conditions, but he has seen it given in chronic Bright's disease. Comfort was promoted and condition rendered more tolerable. Has noted cases in which large doses of morphia were given and thinks we may have misapprehended the proper conditions in which to give morphia. Has seen two or three cases where bleeding was practiced. Did not think them improved by it. Would prefer to deplete by pilocarpin or ligature of limbs. He has seen cases where no impression could be made by any means.

Dr. Morton, in reply, said that in their remarks

the gentlemen who had spoken assumed that puerperal eclampsia is caused by the presence of urea in the blood, a point very far from established. Indeed those who have thought most on the subject are still at sea in regard to the pathology of the disease. All objections therefore to opium based upon the uremic theory fall necessarily to the ground; but, assuming this theory to be true, there appears to be no valid reason for the belief that its administration would be harmful. It must be borne in mind, moreover, that every paroxysm largely increases the amount of urea, as well as of other deleterious products, already in the circulation; hence the great importance even under this hypothesis of stopping the convulsions as soon as possible by some overwhelming influence; and if opium best accomplishes the result, other things being equal, it must be the best remedy. The objection against opium on the score that it causes retention of matters that ought to be eliminated is a very old one, and appears never to have been properly tested. Gooch, for instance, intimates that he never tried it, and simply gives the authority of Denman for his belief that it would be injurious.

In reply to Dr. Donhoff's remark that puerperal convulsions are largely due to mechanical causes, and in treatment these first of all should be removed, Dr. Morton said in a considerable number of cases the convulsions do not begin until after completion of labor; and in a much larger number, where they begin before they continue afterward. But admitting that eclampsia may be caused by mechanical irritation, would not opium prove a most efficient agent for diminishing the impressibility of the nerve-centers involved?

President Bailey: One theory in regard to uremic manifestations is that they are due to edema of the brain. Would not opium be the remedy in this condition just as it is useful in hemorrhage?

Dr. Morton: What would be the injury if opium were used in uremia?

Dr. Von Donhoff: In uremia we have a condition in which we should not use medicines that militate against the action of the emunctories. If opium does this we should not use it.

Dr. Senteny: We should not be governed in the use of opium by the effect on the kidneys. In convulsions we want immediate effect for relief. Remembers his first case of convulsions was thought at the time to be the result of congestion of the brain. He bled, but it had not the desired effect. He then poured cold water from a height until the convulsions ceased. Does not know which was efficacious, but thinks the latter was.

Dr. Holloway: It is a mistake to say that opium always checks secretions. His experience is that it does not interfere with secretion. Has seen it produce stranguary, and thought the bladder filled quite as rapidly as when stranguary resulted from other causes, proving that opium did not check the flow of urine. In catarrhs dryness is relieved by Dover's powder; in coughs opium loosens the phlegm and thus gives relief.

Dr. Holloway also called attention to the fact that opium-eaters often live to an advanced age, which would seem to prove that opium does not directly interfere with the more important vital secretions.

THE Minnesota State Medical Society held its annual meeting at St. Paul, Tuesday, June 20, 1881.

## Formulary.

### PILOCARPIN IN DIPHTHERIA.

Dr. George Guttman, of Cornstadt, claims to have had good results from pilocarpin in the treatment of diphtheria. In an experience of a year and a half, during which a large number of cases, both severe and mild, were treated, his success has been very encouraging. The drug induced abundant secretion from the mucous membrane of the throat and fauces, which brought away the false membrane. No injurious inflammation was excited, nor was there any marked tendency to depression. When symptoms of depression were observed he alternated the medicine with stimulants in some form. The following are his formulæ:

#### For Children:

R Pilocarpin mur..... gr.  $\frac{1}{4}$ - $\frac{3}{4}$ ; 0.02-0.04 Gm.;  
Pepsin..... gr.  $\frac{1}{4}$ - $\frac{1}{2}$ ; 0.06-0.07 "  
Acid. hydrochlor.... gtt. ij; 0.12 fl.Gm.;  
Aq. dest.....  $\frac{3}{4}$  jss; 75.00 "

M. Sig. A teaspoonful hourly.

#### For Adults:

R Pilocarpin mur..... gr. ss-j; 0.03-0.06 Gm.;  
Pepsin..... gr. xxx; 2.00 "  
Acid. hydrochlor.... gtt. iij; 0.18 fl.Gm.;  
Aqua dest.....  $\frac{3}{4}$  viij; 240.00 "

Sig. A tablespoonful hourly.

### FOR INFANTILE CONVULSIONS.

Dr. Joseph Parrish recommends the following:

R Olei succini rectificati. } aa fl.  $\frac{3}{4}$  ss; 16.00 fl.Gm.;  
Tinct. opii..... }  
Olei olivæ..... } aa fl.  $\frac{3}{4}$  ij; 64.00 "  
Spts. vini gallici..... }

Ft. lotio. Sig. Rub along the spine.

This will also be found useful in the spasms of whooping cough. In order to promote absorption the skin should be washed with warm water and soap before rubbing in the lotion.

### TREATMENT OF ERECTILE TUMORS.

M. de Saint-Germain treats nevi in children by interstitial injections with a Pravay syringe. The injections are made one at a time, and at intervals of eight days. Each injection produces a small scar, and the operation is only complete when the whole surface of the nevus has been transformed into a scar. A single drop of the caustic or fluid of Piazza is injected upon each occasion. The composition of the liquid is as follows:

R Ferr. perchlor.....  $\frac{3}{4}$  vj  $\frac{1}{4}$ ; 25.00 Gm.;  
Sodæ chlorid.....  $\frac{3}{4}$  iij  $\frac{1}{4}$ ; 15.00 "  
Aq. destil..... fl.  $\frac{3}{4}$  xv; 60.00 fl.Gm.

P. M.

—*Le Progrès Méd.; London Pract.*

THE warm weather has not caused any perceptible abatement in the number of small-pox cases reported in Chicago. In two days eleven deaths from this disease were counted in the mortuary reports.

### Miscellany.

AT the last meeting of the Royal Society Dr. MacEwen presented a paper on a case in which he had successfully transplanted bone. The patient was a child, four years of age, who had lost two thirds of the shaft of the humerus by necrosis fifteen months previously, and in whom no osseous repair had occurred. The limb was of course useless. Dr. MacE. proceeded at first to make a groove in the soft tissues in the position of the bone, relying for this upon his anatomical knowledge, and then placed in this groove small fragments of wedges of bone removed from other patients for curved tibiae. The result has been that a good new bone has been formed, the new portion has united firmly to the upper epiphysis and lower part of the original shaft, and the bone is only half an inch shorter than its fellow. Proper care was taken throughout to have the parts perfectly aseptic. Great interest attaches to this case, which is the first of the kind recorded, and Dr. MacEwen is entitled to warm praise for devising and carrying to such a successful issue the many details necessarily involved in its management.—*Lond. Lancet.*

NEW DEFINITIONS OF OLD TERMS.—The editor of Dunglison's Dictionary will take note of the following new definitions, which are proposed by *L'Union Méd. du Canada*:

**Abdomen.** The most fruitful region of the human body for medical practice; theater of more than half the pathological dramas. Wo to the doctor who neglects its exploration!

**Aberration.** See Homeopathy.

**Abduction.** A movement of the arm that should be employed whenever a proposition is made inimical to professional honesty.

**Adduction.** A movement of the arm always made by the skillful physician when a patient offers the honorarium.

**Abstinence.** A term well understood by the poor horse of the poor country doctor, and often by the poor-doctor himself.

**Accord.** A term rarely employed in medicine.

**Agglutinative.** The effect produced by a lecture by Troussseau, Ricord, Malgaigne, etc., collecting an audience and gluing them to the seats.

**Assimilation.** A precious faculty possessed by some physicians who produce nothing, but possess a wonderful appetite for the productions of others.

EXTREME ANTISEPTIC PRECAUTIONS.—Extract from *Lyon Médicale*: In a duel lately, just after the principals had crossed swords, a voice was heard, "Stop a moment, gentlemen." They lowered their weapons, rather hoping that the seconds had agreed upon some plan of healing their wounded honor without the necessity of fighting. But alas! it was only the surgeon, who, being one of the advanced school, carefully took from his pocket a bottle containing a solution of carbolic acid and wet the points of the swords with it. Then, with the air of a man who had done his whole duty, he said, "Now, gentlemen, proceed; you may kill each other, but you run no risk of blood-poisoning."

This is all very well as far as it goes, but we would suggest that at the next meeting our *confrère* should insist that the combatants be enveloped in a cloud of carbolic spray.—*Mich. Med. News.*

PAROTITIS AS A SEQUEL OF OVARIAN OPERATIONS.—The Medical Press and Circular says that it is an established fact that orchitis and inflammation of the parotid may mutually complicate each other, and that furthermore a relation between inflammation of the gland in question and that of the external genitals and the ovaries has been noticed by several eminent observers. Dr. Schroeder has recently seen parotitis as a sequel to five ovariectomies. Two of the cases were fatal, and from this he concludes that parotitis should be feared as a grave complication of gynecological operations.

[Either this complication has so far escaped the vigilance of the American gynecologists, or, if reported, it stands veiled by an appellation through which none but the eye of the elect can see.]

OLIVE OIL EXTERNALLY.—In the Boston Med. and Surg. Jour. Dr. W. T. Parker commends very highly, in the treatment of lung-diseases, a double fold of common cotton cloth completely inclosing the trunk, the cloth to be thoroughly saturated with warm olive oil. It keeps supple and warm for a long time, and is very agreeable to the patient.

A FRENCH army-surgeon, after stating that great numbers of soldiers die on the battlefield from lack of knowledge on the mode of arresting hemorrhage, proposes to tattoo an image of some kind over every large artery, so as to guide the wounded in compression.



## Selections.

**On Milk-indigestion in Young Children.**—By Eustace Smith, M.D., F.R.C.P., Physician to his Majesty the King of the Belgians; Physician to the East London Children's Hospital, and to the Victoria Park Hospital for Diseases of the Chest (British Medical Journal):

Children who are brought up, in the usual way, upon milk and milky foods may suddenly begin to exhibit symptoms of indigestion, which renders an immediate change in their diet indispensable if serious consequences are to be avoided. In hand-fed babies this unfortunate accident is common enough, and the mortality among such infants may be in a great measure attributed to it. The same thing may occur, however, in children who have been weaned at the usual age; and it is therefore sometimes met with in young children twelve or eighteen months old.

These symptoms are due in the majority of cases to an inability to digest cow's milk. Usually the inability is merely a temporary infirmity, arising from some casual derangement of the stomach and bowels, which induces an acid change in the food. In such cases, milk quickly undergoes fermentation in the child's stomach, and an acid is formed which irritates the delicate mucous membrane and increases the disturbance of the digestive organs. Severe symptoms are often the consequence of this indigestion, so that unless prompt measures be taken to avert the danger the child's life may be sacrificed. In other and less common cases the fault is in the milk, which is too heavy for a child whose digestive organs are sound and healthy. Thus infants who are weaned when very young often find cow's milk to be beyond their powers of digestion, and unless special precautions be taken to adapt it to their immature organs\* serious consequences may ensue. Other causes may make cow's milk appear to be indigestible. Thus the child may be actually overfed, its meals being too large or too frequently repeated; or, again, the feeding apparatus may have been neglected, so that fresh milk put into a dirty, sour bottle may have begun to ferment before the child swallows it. These causes may, however, be put on one side. The kind of milk-indigestion now spoken of is that in which, for whatever reason, a perfectly pure fresh milk, given in suitable quantities and with all possible precautions to make it digestible, is found to disagree. In such cases the child begins very quickly to waste and to show all the signs of defective nutrition. The general symptoms may be divided into three classes, according as to whether the prominent feature is constipation, vomiting, or diarrhoea.

Cases where *constipation* is a marked symptom are generally found among young infants. The patient is restless, and begins to be feverish at night. His tongue is coated with a thick white fur. He is evidently in a state of great discomfort; for his temper is

peevish and fretful, his movements are uneasy and jerking, and he occasionally breaks out into piercing cries, drawing up his knees and twisting about his body under the influence of abdominal pain. At night the griping is especially violent, and the child scarcely sleeps at all; or, if he be quiet for a moment in uneasy sleep, he soon starts up again screaming with a fresh attack of pain. The motions are scanty and rare. The bowels sometimes remain confined for twenty-four hours or longer; and when they are at last relieved, hard clay-colored balls, stained with green mucus, are expelled with great effort and straining. These balls consist of masses of hard curd.

A full dose of castor oil, which clears away the curd, allays the symptoms for a time; but usually, if the milk diet be continued without any change, they return in a day or two, and the child is in the same distress as before. Violent convulsions may be induced by this cause, and the child's life be put in actual peril.

It is usually in cases of artificial feeding that these symptoms are found; but sometimes, although rarely, we see them in children who are nursed at the breast. When the indigestion is due to catarrh of the stomach it is readily amenable to treatment. All that is necessary is to put a stop to the milk for a day or two, and to clear away indigested curd by a full dose of castor oil. If, however, the fault be in the milk, and not in the digestive organs of the child, some change in the method of feeding is indispensable.

A curious instance of this difficulty in digesting curd in a child fed solely by the breast came under my notice some time ago. I was asked by a gentleman to go and see his child, a little boy of seven months old. I found that the child had been suffering for some weeks from severe abdominal pains. He was excessively peevish and fretful, and at night he would wake up with a scream and twist about his body, evidently under the influence of severe griping pain. His bowels were very confined, and the motions consisted almost entirely of curd. He was taking nothing but the breast. Aperients had been found to relieve the child for a time, but the symptoms always returned when the effect of the purgative had passed away. Whenever the breast was stopped for a few days he immediately improved, but relapsed as soon as suckling was resumed. The child was evidently suffering from his inability to digest the curd of his mother's milk; and it became a matter of the greatest importance to enable him to do so, otherwise he would have to be weaned and fed in a different way. The mother had herself, by taking saline and other medicines, and by making many modifications in her diet, under medical advice, endeavored to alter the quality of her milk, but without success. Several methods of remedying the evil were tried. The intervals between the times of suckling were increased so as to give a longer period for digestion; but this change had no effect whatever. Alternate meals of barley-water were then given from a feeding-bottle. By this means the quantity of milk taken by the child in the course of the day was diminished, and the interval between the times of taking the breast was still further increased. No improvement, however, followed the alteration. The griping pains still continued, and the constant fretfulness of the child was most distressing to his mother. The plan was at last adopted of giving the child barley-water from a bottle immediately before taking the breast, in the hope that by this means the milk might be diluted directly it reached the stomach. This method succeeded per-

\*The chief obstacle to the digestion of cow's milk by young babies is the firmness of the clot formed by its coagulated curd. Mere dilution with water does not affect this property. Under the influence of the gastric juice the casein runs together into a solid dense lump. To obviate this difficulty we must either separate the particles of curd by adding barley-water or gelatine to the milk, so that the casein may be forced to coagulate in a multitude of little clots, or we must partially neutralize the gastric juice by the addition of lime-water.

fectly, and the child had no further unpleasant symptoms. In this instance the infant's stomach was in a perfectly healthy state. The fault lay in the mother's milk, which was too heavy for the child's powers of digestion. Should this happen in the case of a wet-nurse, the nurse must be changed or the child should be weaned and brought up by hand.

In the large majority of cases of milk-indigestion in infants reared at the breast the fault is in the digestive organs of the child; an attack of gastric catarrh having rendered him for the time incapable of digesting his mother's milk. In these cases the indigestion is a temporary failing and is easily remedied by suitable treatment. Without judicious management the derangement may be prolonged indefinitely; and it not infrequently happens that the mother is ordered to wean her baby under the mistaken notion that her milk is unfit for its support.

In cases of gastric catarrh, where the complaint is acute and severe, vomiting is usually the most prominent symptom. Under such circumstances milk becomes a positive poison; and no hope of alleviating the symptoms can be entertained while this diet is persisted with. A short time ago I was asked to see an infant two months old, whom I found suffering from acute gastric catarrh and in a state of great exhaustion. She had been brought up by hand and was being fed upon milk and barley-water in equal proportions. This she vomited as soon as it had been swallowed; bringing it up curdled and intensely acid. There was a sour smell from the breath, and, though the disease had only lasted a few days, the eyes were hollow, the face looked pinched, the fontanelle was deeply depressed, and she lay motionless upon the nurse's lap with her eyes half closed. Her hands and feet were cold to the touch and looked purple. For a day or two her bowels had been much relaxed. She was taking small doses of lead and opium, to check the diarrhea, but each dose was returned almost immediately. The child was ordered to be kept warm and perfectly quiet. A weak mustard poultice was applied for an hour to the epigastrium. The milk was stopped, and the child was fed with weak veal broth and thin barley-water mixed together in equal proportions and given cold at intervals with a teaspoon. A few drops of brandy were given occasionally as seemed desirable. As a result of this treatment the vomiting stopped at once and the child, when seen three days afterward, was found to be much improved. The breath had lost its sour smell; the face was no longer pinched; the eyes were not hollow; the fontanelle was not depressed; and when asleep the child closed her eyelids. The motions were still rather watery, although the number was natural. The medicine and diet were continued a few days longer and the child was soon well. The most important part of the treatment in this case was the substitution of veal broth for milk. Directly the supply of fermentable matter was stopped, fermentation ceased, acid was no longer formed, and the digestive organs returned to a healthy condition. Here the derangement was acute. In the following case the complaint was chronic, the inability to digest cow's milk having extended over a lengthened period.

A little girl ten months old, with four teeth, very thin and weakly-looking, had been weaned at the age of eight months. Since that time she had been unable to digest milk, vomiting it at once whenever it was given to her. For nearly two months, therefore, she had been fed on two dessertspoonfuls of farinaceous food made with water into a thick cream, and given

every two hours with a spoon. She refused to take it from a bottle. Twice a day the food was made with beef tea instead of with water. After a meal the child often vomited, but when this happened she was immediately fed again. The result of such a diet was to be expected. The child, although ten months old, was exceedingly weak and could not sit up. She was becoming rapidly thinner. She slept very little, whining and crying the greater part of the night. She was said to show no signs of abdominal pain; but the bowels acted three times a day and the motions were relaxed and horribly offensive. The feet were almost always cold.

[TO BE CONTINUED.]

**The Treatment of Splenic Tumors.**—The inutility of internal remedies in advanced cases of splenic leucocythemia led Kussmaul to try whether the spleen could not be made to shrink up by numerous punctures in different directions. The results are detailed in an inaugural dissertation by his pupil, J. Jäger. A hollow needle, at first a millimeter and afterward a millimeter and a half in diameter, was thrust into the spleen of a patient, aged thirty-eight, suffering from splenic leucocythemia. The depth of the punctures was eleven centimeters. The hope was entertained that the hemorrhages into the substance of the spleen would lead to cicatricial contraction at the spot. The punctures caused the patient scarcely any suffering, but unfortunately the result on the spleen was also *nil*. There was a slight improvement in the course of some weeks, but this seemed attributable to the patient's rest. The spleen did not lessen in size, and the proportion of white to red corpuscles remained much as before the treatment—one white to seven or ten red. But an unexpected effect resulted from the deeper punctures—a considerable increase in the quantity of the urine, lasting for about a day, associated with strangury. The latter commenced an hour after the operation, and continued until the following morning. The specific gravity of the urine was lowered, but it was free from albumen and sugar. Senator has informed Kussmaul that he has also observed polyuria to follow puncture of the spleen. The explanation of the phenomenon is obscure. Kussmaul has also tried galvano-puncture of the spleen, but with no better results. After seven minutes' application the spleen was considerably swollen and painful, but subsequently again lessened in size. On the third application, four weeks after the first, the patient for the first time experienced severe pain in the sternum beneath the spot on which the positive pole had been placed. The patient attributed the pain to the electrode. So far, however, the treatment, if it did no good, did little harm. The same statement can not be made of the next measure employed, which is unfortunately a contribution to toxicology rather than to therapeutics. A gram of a ten-per-cent solution of recently-prepared sclerotic acid was injected into the spleen. Ten minutes later there was a severe rigor; the legs became rigid and intensely painful, the abdomen retracted, the extremities cold, the face cyanotic, veins of the neck swollen, the breathing quick and purely costal, and the pupils dilated. Consciousness was unimpaired. The tetanoid attack lasted about forty minutes. The temperature rose to 104° F. Abundant sweating followed, with vomiting and watery diarrhea. The patient died a few hours later. The post mortem showed that besides the enlargement of the spleen the medulla of the bones was affected, but there was no dis-

ease of the glands. No trace could be found in the spleen of any effect of the punctures, and there were no adhesions of the organ to the abdominal wall. Death was apparently due to the rapid passage of the sclerotic acid into the blood, but Kussmaul is inclined to ascribe it rather to the rapid passage of the water containing the acid into the blood than to the acid itself! This was found by subsequent examination to be free from other toxic ingredients.

Mosler has tried the effect of injections of dilute carbolic acid and of Fowler's solution into a chronic splenic tumor. The result in Kussmaul's case led to careful precautions to avoid an untoward occurrence. Considerable benefit is said to have resulted from the treatment, although previous measures had been ineffectual.—*London Lancet*.

**Faure's Storage Battery, also Swan's Electric Light in Surgery.**—By George Buchanan, Professor of Clinical Surgery in the University of Glasgow (*British Med. Journal*):

The recent invention of M. Faure has rendered electricity available for surgical use in a way it has not been before. It consists of a cylindrical vessel of lead nine inches high and five inches in diameter, with a leaden bottom, but open at the top; into this is packed a kind of cushion of a material which has the power of absorbing electricity. To this vessel are attached the two poles of a working battery, and as long as the connection is maintained the vessel accumulates the electricity flowing into it. When charged it can be detached from its connection and kept for a long time, or carried from place to place. When required for use the cushion, which should always be kept moist, is wetted with dilute sulphuric acid, and wires connecting are attached to its poles, when it is converted into a powerful battery.

On June 3d I removed a nevoid tumor from the tongue. The nevus was situated upon the anterior half of the right side of the tongue of a young gentleman eleven years of age. It had been in existence for many years, but latterly it had frequently been scratched and then bled freely. As the growth was very vascular and invaded the tongue almost to the middle line, I determined to remove it by the thermocautery. Having occasion to see Sir William Thomson the day before the operation, he offered me the use of a Faure's battery, which had been sent from Paris only a few days before, and on which he was engaged in experimenting to test its value. He was so enamored of its powers that he said, "It is a witch." And now it has the name of the "Electrical Witch" at the University.

In driving to my patient I called at Sir William's laboratory and got with me a battery which can easily be carried in one hand, and without the least difficulty. After having put the patient under chloroform, I attached its poles to a platinum wire electrode, and removed the tumor without a drop of blood.

This contrivance which enables one to carry stores of powerful electricity in a jar no bigger than an ordinary preserve-meat tin, will render the use of electricity much more extended than heretofore. Supplies of these cumulative jars are being sent from Paris, and can be charged by any kind of battery to which they are attached.

**Swan's Light.** This light is specially useful in examining parts of the body or tumors, which we wish to test by transmitted light. I have under my care just now a man who is compelled to be in the recum-

bent posture, from a severe fracture of the thigh. He has also a tumor in the scrotum with all the characteristics of a hydrocele; but it was almost impossible to judge of its translucency in consequence of its being bound down to the groin, and being of very old growth was intersected by bands which made it more or less opaque. It was impossible, in the man's fixed position, to get a candle or lamp placed so as to judge of its translucency. At the same time as Sir William Thomson offered me the battery before alluded to he suggested that Swan's light might be used for surgical investigations. He kindly provided me with a very powerful battery of the ordinary kind, sent his mechanic assistant to fit it up in my ward, and gave me a Swan's electric light lamp. This is a globe of glass about an inch and a half in diameter, containing a filament of carbon wire twisted into a loop, which when rendered incandescent by the battery, gives out a powerful light. This globe, which is held by a handle of glass tube about four inches long, can be placed in any position; and, as it is not heated beyond what can be easily borne by the skin, it can be placed in actual contact with the tumor in any place without danger of setting fire to the bedclothes. It proved most successful, for even in the ward of the hospital, where the bright sun could not be effectually shut out, the translucency of the hydrocele was made apparent to every student.

**Massage in Hepatic Congestion.**—The subjects apparently most prominently before the profession at present are nerve-stretching, abdominal surgery, hypnotism, and lastly, massage. The range of this latter means of treatment appears rapidly extending, and the latest condition suggested as furnishing an indication for its use is hepatic congestion. Dr. Durand-Fardel (*Bull. Gen. de Therap. Méd. et Chirurg.*) claims that in simple congestion of the liver massage of that organ has proved of value in his hands. The treatment is begun by at first subjecting the abdomen to slight general massage. The region of the liver is then subjected to slight massage, more particularly over the more affected portion. Deeper and deeper pressure of the liver is then made, it being slightly percussed from time to time. Its border is then grasped by the hand as well as can be done through the abdominal walls, and rather firm pressure made upon it. These manipulations are said to be generally pleasant to the patient, and to be followed by a sense of well being. These manipulations may be of value in hepatic congestion of itself; at the same time it is possible that all their effects are due simply to the mental impression made on the patient. The evidences of local peritonitis should be a contra-indication of these manipulations which are otherwise likely to be of value.—*Chicago Med. Review*.

**Artificial Peptone.**—Dr. Geo. B. Fowler reports, in the Medical Record, some cases showing the value of artificially-digested meats in phthisis and other wasting diseases. About six months since, after many experiments, a product was obtained, by artificial digestion of meat, which is made as follows: An infusion of the fourth or digestive stomach of an ox, acidulated with hydrochloric to .2 of 1 per cent is made. To one pound of finely-chopped lean meat one pound of the acid infusion is added. This mixture is then kept at a temperature of about 37° C. for two or three hours, being agitated in the meanwhile by a special mechanism. At the end of this time a perfect solu-

tion of the meat is effected, and it is found that there is less than seven per cent of solid residue, which consists principally of fibrous tissue. The whole is now carefully neutralized by sodium bicarbonate  $\text{CO}_2$ ,  $\text{Na}^+$  is driven off, and sodium chloride  $\text{CO}_2$  remains in solution. The whole is finally concentrated to one eighth the original weight of the meat employed. This preparation of peptone is of a dark color, of a thick molasses consistency, has an agreeable beefy odor, and is very pleasant to the taste. It responds to all the tests for peptone, and on account of the manner of its preparation it evidently contains all the constituents of lean beef. A thoroughly digested substance like this has manifold advantages which any one familiar with the laws of digestion and absorption can readily appreciate. Since a sufficient supply of peptone has been obtainable he has constantly employed it and is happy to say that his expectations as to its nutritive value and superiority over the usual beef extracts, etc. have been fully realized.

**Treatment of Bronchiectasis.**—By C. Theo. Williams, in British Med. Journal:

The chief principles to be kept in view are, (1) the prevention of fresh catarrh; (2) the stimulation of the walls of the bronchi, so as to bring into play any muscular tissue that remains; and (3) the improvement in the character and amount of the bronchial secretion.

The first point is arrived at by keeping the patient as far as possible in an equable atmosphere, and at the same time bracing his frame and power of enduring changes of atmosphere by cold sponging and salt baths, warm and cold. There is no doubt, too, that cold affusion is a very effective way of stimulating respiration and expectoration, and thus attaining the second point of treatment. In many cases the most effective evacuation of the bronchial tubes takes place after the morning sponge-bath; and the chief good of the douches applied by our German brethren to the chest lies in the deep inspirations and expirations which they induce, these promoting expectoration. Stimulation of the bronchial muscle is difficult in bronchiectasis, because often very little of the muscular element remains; but it should be attempted by aid of strong expectorants and diffusible stimulants. These may be introduced either by the stomach in form of spiritus etheris, carbonate of ammonia, oil of turpentine in capsules, tinctures of benzoin, tolu, senega, and larch, capsules de goudron, and such like; or directly to the air-passages, by the use of handball spray-apparatus containing solutions of ipecacuanha wine, tar-water, and carbolic acid. But according to my experience these have proved of little avail, chiefly because cold fluids are uncongenial to a congested and inflamed mucous membrane; and, on the other hand, warm inhalations appear to penetrate far deeper into the air-passages and are more soothing to the patient. The best forms are compound tincture of benzoin (two drams to the pint of boiling water), oil of turpentine (twenty-three to thirty minims), thymol, pinus sylvestris, and juniper, inhaled night and morning from a pint-jug with a wide mouth, with a napkin arranged like a funnel to conduct the vapors to the patient's nose and mouth. The third point is best attained by antiseptic inhalations, such as glycerin of carbolic acid (two to four drams to the pint), creasote (ten minims to the pint), tar-water, all of which tend to correct the fetor and to reduce the amount of secretion.

It has often occurred to me that the ordinary methods of inhalation are very imperfect modes of applying remedial agents to the lungs. The effort of inhalation, and even of using sprays, is very fatiguing to the patient, and prevents their application more than two or three times daily. A far better way would be to impregnate the atmosphere of a chamber with a very small percentage of the required drug, as well as warming and moistening it so that the patient could continually inhale it without effort. Wire respirators, arranged to cover both nose and mouth, between the layers of which lint and sponge soaked in various solutions are placed, have also proved beneficial in cases of bronchiectasis. When, however, none of these means enable the patient to get rid of the accumulating secretions, what is to be done to prevent death by septicemia? Are we justified in tapping the bronchiectasis? Assuredly we are, if we can be certain that the dilatation is limited to one set of bronchi, and is not a general condition of the bronchi of both lungs. In too many instances this latter is the case, and then operation is useless. Emetics may be resorted to as an occasional measure of relief, but such a general dilatation of the bronchial tree is a hopeless condition with which to deal. The dietary ought to be most generous, including a fair amount of stimulant in the form of brandy or whisky, which, mixed with warm water, assists expectoration. The marine stimulating climates do most good in these cases.

**Midwifery in Private Practice during Forty-three Years.**—In a paper read before the Pathological Society of London, May 3d, Dr. George Rigden said (*Medical Times and Gazette*) that 5,682 mothers were delivered of 5,757 children, viz. 2,947 males and 2,804 females; 65 were twin cases, and there were 2 cases of triplets; 5,422 children presented by some part of the head including the face, 156 presented by the breech, 89 by inferior, and 84 by superior extremities. There were 45 placental presentations included in the above. Stillborn children numbered 255, 165 being premature; 105 had been dead some time. There were 759 forceps deliveries; in 2 cases craniotomy had to be performed. Previous to 1860, forceps were used only once in 222 cases, while in the last twenty years they were used about once in 15 cases. The proportion of still-births was but very slightly diminished during the latter period; the author attributed this slight advantage rather to greater experience than to the more frequent use of forceps. There were 13 maternal deaths; viz. 2 from puerperal convulsions, 5 from peritonitis, 2 from heart-disease, 1 from fright, 1 from cancer of the tongue in an advanced stage, 1 from bronchitis, and 1 from scarlet fever.

Dr. Edis thought that great credit was due to Mr. Rigden for his exceedingly low maternal mortality. It was curious that the proportion of still-births did not seem to tally with the change from ergot to forceps. He believed that the timely use of forceps diminished materially both infant and maternal mortality, especially in large cities.

**Belladonna in Pertussis.**—Dr. Jacobi considers belladonna the most useful drug yet used in whooping-cough. To be of service, however, it must be given in doses sufficient to produce flushing of the cheeks; the quantity being gradually increased, as toleration is established.—*Chicago Medical Journal and Examiner.*